

# Journal of Neurology and Neurosurgery

1994

Volume 144, Number 1, January 1994  
 Published by the American Neurological Association



# CONTENTS

	Page
Foreword .. .. .	2
Some Notes on Borrowing Films .. .. .	3
The Organisation of Film Shows .. .. .	4
The Movement of Films between Countries .. .. .	9
Classified Catalogue:	
Physiology .. .. .	13
Aetiology .. .. .	15
Clinical—general .. .. .	16
Clinical—case-records .. .. .	17
Clinical—differential diagnosis .. .. .	17
Treatment .. .. .	22
General .. .. .	27
I.S.R.D. Films .. .. .	30
Index of Films .. .. .	33

## *Foreword*

THE cerebral-palsied child and his parents deserve all possible help. Many need assistance in more than one field, and to give this assistance understanding as well as technical knowledge is required.

If we are properly to cope with what may be a difficult task we can afford to neglect no possible aid. Here the film can help us—with its great potentialities for conveying facts and changing attitudes.

The last ten years have seen great advances in our knowledge of cerebral palsy. It is important not only that new knowledge be acquired, but that it be brought to everyone who may have the need and the opportunity to use it. More films exist on cerebral palsy than on many larger and commoner problems of education and medicine. To facilitate their wider use the Medical Committee of the Scientific Film Association decided to publish this catalogue. The film user faces problems which are not encountered by those who use books. It is not always easy to find out what a film is about, what its quality is, and for what audience it will be useful. This catalogue attempts to answer some of the questions which potential users of films may ask.

Those who come from other countries may find that a film will meet their teaching requirements. They may buy a copy or they may be able to borrow one from the British Council. In cases of difficulty the local British Embassy or the London office of the Scientific Film Association will be glad to help them.

The publication of the first two editions of this catalogue was made possible by a grant from the National Spastics Society, who deserve thanks for this and other ways in which they are helping cerebral-palsied children.

We shall value comments on this catalogue and further information about films on cerebral palsy.

R. C. MAC KEITH  
Chairman of Medical Committee,  
Scientific Film Association.



## Some Notes on Borrowing Films

Applications for loans should be made to the distributors, quoting their reference number if one is given. Applications should be made at least two weeks in advance and preferably longer; it is always possible that the film may not be available for the showing date in view, and time will be required for selecting and securing an alternative. The applicant should state the make and type of projector to be used.

For the user's protection, all films should be checked over before projection, and it will be wise to return unused any films in doubtful condition, with a report on the defect. Otherwise the user will be held responsible for the damage.

Libraries prefer films to be returned straight from the projector with breaks not mended. Private owners usually expect the film to be returned rewound, cleaned and with breaks cleanly mended; but in every case a note of repairs made should be included. It is helpful if a slip of paper is spooled in with the film at broken or worn places.

**IMPORTANT:** 16 mm. sound films are irretrievably ruined if used on 16 mm. silent projectors.

# The Organisation of Film Shows

FRANK BAMPING\*

THE publication of this new edition of the *Catalogue of Films on Child Neurology and Cerebral Palsy* affords a useful opportunity to pause and consider the use of all these films in a purposeful setting. Films are made to be seen but the seeing of them necessitates a deliberate social activity. The very nature of the film medium causes people to be gathered together and this presents certain difficulties. In this paper I will consider the organisation needed to present a film programme in relation to cerebral palsy films, but the points made will have application in any field.

## Introduction

For the organisation of a film programme it is assumed that a single person in responsible, since in arranging lectures, meetings, etc., it is preferable to have the minimal numbers involved in organising the show. It will also be assumed that the organiser or secretary for whom these notes and suggestions are intended will have had little or no previous experience of the work.

## The Programmes

The first consideration in the organisation of a film programme is the very nature of the programme itself. There are four main ways in which films may be used, although a certain variation is always possible:

- (a) As an integral part of a specialised meeting in which it forms an illustration, or as a discussion primer,
- (b) A series of films relating to one topic or part of a subject giving some continuous argument,
- (c) A number of films on unrelated subjects which are intended to stand on their own without introduction may be shown for the information of the audience,
- (d) A more general film may be shown as part of a social gathering for propaganda or fund-raising purposes or simply as enlightened public relations.

The purpose of the film show must be thoroughly considered beforehand, since it might well be that the film is not the best means of attaining this purpose.

## The Audience

On the type of audience seeing the programme will depend the precise nature of the films and, as discussed above, the audience may consist of specialists gathered for dis-

\* Formerly a scientist and professional film-maker, Information Officer of the Scientific Film Association and Editor of *Scientific Film Review*, Mr. Frank Bamping is now a freelance writer and researcher for popular science films and television programmes. He is a member of the National Film Archive Science Selection Committee and of the Medical Committee of the Scientific Film Association, London.

cussion, or general practitioners meeting to hear of recent advances, or nurses and others come to hear about new techniques. It could also well be a mixed audience of members of the general public, doctors and auxiliaries.

### A Planned Programme

From the experience of many organisers it is possible to conclude that programmes of types (b) and (c) will usually consist of three films, rarely more, for this gives a total film running time of about 60 minutes, which, with the technical change over, introductions and other business, will bring the total programme to a maximum of two hours.

In most programmes there will be a main speaker who will speak before the most important film and also lead the discussion, if any, following the screening. If he is to do this properly, arrangements should be made for his previous viewing of the film. It is well to recall the consternation of the Army officer called on to speak before a film entitled *The Red Army*, only to find that it was a study of the red ant! If the meeting is well prepared in this way and audience participation achieved, a more lively and satisfying meeting will ensue.

*The Introductory Film.*—It is a useful programming device to make use of a short film of some kind, possibly even humorous, and of a less important nature than the main film, to open the show. This will enable the audience to settle down, late-comers to arrive in time, and the chairman to say a very few words on the meeting's construction.

*The Supporting Film.*—In the three-part programme the rôle played by the supporting film is to back up the main film with a general account rather than any exacting detail. It can be a recapitulation of the broad principles of the subject.

### Technical Aspects

*Sound or Silent.*—Today silent films are something of a rarity, though this should not obscure their still useful existence in their own right. They are still very useful, perhaps in some cases even preferable, used like moving lantern-slides for a minute or two to illustrate a particular point. On the whole, however, it is best not to alternate sound and silent films, and if one silent film is shown it is best to make it the first in the programme.

*Colour or Black and White.*—As with sound films, so with colour; the developments in colour processes, their quality, ease of use, etc., have made colour films far more widely seen today than some years ago. It is virtually cost alone that restricts their wider application, and, even in the most amateur hands, the results obtained are now presentable. Thus, from a purely teaching point of view a bad colour film could be put to better use than a black and white. From the point of view of general programming, however, black and white is preferable to bad colour. When films in both colour and black and white are to be shown together it is desirable to end with the colour film rather than place it first or in the middle.

*Magnetic Sound.*—A useful and recent innovation in the accompanying of film by recorded sound is in the application of magnetic tape-recording techniques to film. In this a film of ferrous oxide, laid directly on the acetate film base, takes the place of photographic recording in which a photo-electric cell is used for reproduction. The film is threaded through the projector in the normal way, but instead of the sound track being interrogated by the photo-electric cell a magnetic head is located in about the same

position. This versatile development is extremely useful for demonstrating clinical records, etc., where material may be added, deleted or revised at will by the lecturer. The techniques of doing this are virtually identical with those in tape-recording. Obviously most of the projectors now in use are not equipped to reproduce magnetic sound, but most of the new ones will be so equipped, since the cost of such machines is falling. If an old machine is in use it would be worth inquiring whether it can be converted by means of an adaptor to plug in to the public-address socket of the machine.

**16 and 35 mm. Film.**—Everyone is aware of the two film sizes, but their significance must be noted here. (For the purposes of these notes it is assumed that the smaller 16 mm. film is under consideration except where stated to the contrary.) The ease of use, portability, etc., of the 16 mm. film projector makes it the obvious choice in nearly all shows, but if it is decided to use 35 mm. portable machines for some technical consideration, such as the selected film's non-availability on 16 mm., the size of the meeting, etc., it is important to bear in mind not only that the hire costs will be very considerably more, but that all the costs will be scaled up out of proportion. Only where the 35 mm. equipment is a permanent feature of the hall can it be considered on a par with 16 mm.

### **Organising the Hall**

However much care is given to the selection of films, the effort may be wasted if the hall, is unsuitable. The following features should be given consideration.

**Size of Meeting.**—The size of the meeting is important, since if more than 300 people are gathered together some are going to be in difficulties with sound and vision. If audiences of over 300 are anticipated, 16 mm. projection will have to give way to 35 mm. in a properly constructed hall.

**Electricity Supply.**—Most film projectionists are very adaptable and carry with them the range of plugs and accessories to cope with the vagaries of the British electricity supply. However, the organiser should make himself responsible for knowing beforehand what the supply is and where the outlets are, and should arrange liaison with the projectionist for the control of the lights.

**Seating.**—Most rooms and halls where films are shown are not designed for the purpose. Therefore the seating will probably need to be rearranged in either two or three blocks. The screen should be set up at one of the narrow ends of the hall and the chairs should face the screen with a gangway of two to three chairs' width down the centre. The gangway along the walls should be one or more chairs wide. The first row should commence about one-sixth of the length of the room away from the screen, so that even the first row permits comfortable viewing. If the screen size is known in advance the chairs may be arranged in accordance with the following formula: the nearest chair should be more than twice the width of the screen away and the furthest chair not more than eight screen widths away.

**Blackout.**—It would be well for the organiser to inspect the hall during daylight, particularly if the show is to be held in the daytime. He will then be able to see if the blackout is complete and whether any incidental light falls on the screen from opening doors, electric signs or passing traffic.

**Furniture.**—Many film projectionists arrive today with equipment that does not require any additional furniture; the screen is tripod mounted and the projector is its own stand. But this is not always the case and it would be well to have on hand a table for the screen

of a height such that the bottom of the screen is at the head level of the seated audience. This can normally be arranged by putting two chairs on the table, which will also leave room for the loud speaker to go beneath the screen. A smaller but substantial table should also be earmarked for the projector. Any professional touches such as drapes to the screen are best left to the projectionist.

*Projectors and Projectionists.*—In many cases the meeting hall or theatre intended to be used will be commonly in use for film shows. Inquiry will then reveal the responsibility for the equipment already there or the usual source for hire. If permission to use the school, college or similar equipment has been given the organiser should not overlook the fact that the arrangements do not usually include the services of a projectionist. However, it should be possible to find and obtain the services of the regular operator or an outsider. It will usually be best to hire an outside projectionist and projector from a company specialising in this service rather than from a shop or firm selling the equipment and films. The reasoning behind this suggestion is one of economy, efficiency and experience.

When the projection service is hired locally an average fee of 5 guineas can be expected, though in some cases—e.g., for charities—it may be less, or it may be higher, up to 10 guineas, in an elaborate setting. The projectionist will appreciate as much advanced notice as possible, and he should be primed with the essential information as to the day, date and time, the programme length and anticipated audience, the size of the hall and the type of electrical supply and situation.

### Obtaining the Films

In writing these notes it has been assumed that the films would be drawn from the *Catalogue of Films on Child Neurology and Cerebral Palsy*, but organisers should by no means limit their attention to this work. Other sources such as *The Central Film Library Catalogue*<sup>1</sup>, the British Medical Association<sup>2</sup>, and *Scientific Film Association Directory of Medical Films*<sup>3</sup> are excellent. Many pharmaceutical companies also maintain film libraries, not to mention the host of commercial distributors. The organiser or secretary may well feel disposed to have the film programme arranged and booked for him. If he or his organisation is a member of the Scientific Film Association<sup>3</sup> or the British Film Institute<sup>4</sup> this can be done for him on the payment of a fee. This fee will not include the cost of hire for the films which could well amount to another £2 to £3, though of course films from pharmaceutical houses and the like will be on free loan. The responsibility for the care of the films remains with the organiser and after use they must be promptly returned, the right film in the right box, by parcel post. Some libraries and private individuals prefer the film returned by registered post.

### The Law

Providing you are not organising a pornographic film show or one inciting the audience to treason, the 16 mm. film programme has no problems of law. The 16 mm. film in the context of a private scientific film meeting is not subject to the provisions of the Cinematograph Acts of 1909 and 1952. The earliest Acts were drawn up to set some safety standards, since the early history of the cinema is dotted with some disastrous fires involving inflammable cellulose nitrate 35 mm. film.

Today all film stock made in this country is of the cellulose acetate non-flammable variety and the 1952 Act revised the position cancelling the previous distinctions between



inflammable and non-flammable film. The 16 mm. film has always been manufactured with the cellulose acetate base.

The combined Acts cover all exhibitions where films are shown as well as public television shows. The organiser for a 35 mm. show will be required to obtain a licence from his local County Council, for which a fee is required. There are also special provisions for children's exhibitions. Section 5 of the 1952 Act does, however, contain certain exemptions, but in general the Acts normally require the hall being used to comply with the Cinematograph (Safety) Regulations, 1955. These refer mainly to entrances and exits being clearly marked and free from obstructions, the seating arrangements, number of attendants, etc. Such a public meeting must be open for inspection by the police, to see that the regulations are observed. They will be informed of the meeting through the local Government Public Order Office.

### SUMMARY

In setting out some notes to guide secretaries of medical societies in particular and all those who might have occasion to use the film show for a meeting, the author discusses the needs under the headings of programme content and arrangement, technical considerations and legal aspects.

### REFERENCES

1. The Central Film Library, Government Building, Bromyard Avenue, London, W.3. Catalogue 3s. 6d.
2. British Medical Association, BMA House, Tavistock Square, London, W.C.1. Catalogue 20s.
3. Scientific Film Association, 55a, Welbeck Street, London, W.1. Catalogue and Supplement 21s.
4. British Film Institute, 81 Dean Street, London, W.1.

## The Movement of Films Between Countries

FRANK BAMPING

### Introduction

THERE are an increasing number of extremely interesting and useful films in the world relating to cerebral palsy and its many facets. These films are not so widely known as they ought to be; nor are they so frequently borrowed as they might be, outside their native countries. Among the many reasons for this are the formidable formalities encountered in passing films through the national Customs barriers. The Customs of the United Kingdom are either more or less formidable than those of other countries, depending on which side they are viewed from. I hope to show here how these obstacles can be simplified and even removed altogether.

The problems encountered when dealing with films seem to multiply because the film is not yet accepted as an everyday means of communication. Problems arise from the fact that films are also a medium of entertainment, and with scientific films it is difficult to dissociate this function from their other purposes. When films are accepted as a means of communication, like books or printed papers, we shall soon see a freer flow of information. Meanwhile, most of the world's governments continue to subscribe to the ideals of Unesco Charters. Changes take place at an imperceptible rate. Nevertheless, changes do occur, and so far as the United Kingdom is concerned the last year has seen a move to make some of the procedures a little easier and less complex.

In June, 1957, the Scientific Film Association<sup>1</sup> published a catalogue of *Films on Cerebral Palsy*, which has now been revised as a supplement of the *Cerebral Palsy Bulletin*. The catalogue contains details of 58 films on this subject which are available in Britain, though not all are of British origin. Since 1957 many copies of this book have been sent overseas, and many enquiries for the films have resulted. Many more people might have borrowed them if the conditions had been simpler.

### Exporting Films from the U.K.

When a prospective borrower overseas wishes to borrow a film from Britain his first course, as was pointed out in the foreword to the S.F.A. catalogue, should be to try the British Council. This body was expressly set up to pass on to countries overseas information about life and development in Britain. Sometimes even the local British Embassy can be cajoled into co-operation.

If the British Council cannot help, the next step is a direct approach to the owner or

distributor. In all matters connected with the movement of films, time is a vital factor—the more notice the borrower can give of his intentions the more likely he is to succeed. For the private owner in Britain faced with a request from overseas, it seems an easy matter simply to pack and post the film. This can be done and will not encounter any difficulties until the film is *returned* from abroad. The owner will then be faced with the frustrating problem of satisfying the Customs that the film is of British origin, or, if of foreign origin, that the proper duty has previously been paid on it and not later refunded; and also that no processing has been carried out on it, or additions made to it while abroad.

It is at this point that I have received so many requests for help. The essence of the problem is one of identification: this can be made much easier if the owner follows the procedure outlined in the next paragraph *before* sending the film abroad.

For every apparent difficulty a means has been provided to make the regulations work. From all offices of H.M.S.O.<sup>2</sup> or any bookseller (on order), a Customs form No. 116 (Sale) may be bought for 3d., plus purchase tax and postage. After completing the necessary particulars, leaving open any doubtful questions, the owner should call in the Export Officer from the local office of H.M. Customs and Excise. The telephone book will provide its address. The Officer will come and inspect the film, probably seal the packet, and certify the Form 116, retaining the duplicate half. The owner can now either post the film, or send it by any other means. When the parcel is posted the postmaster will sign the form to say that it has left the country, the owner then sends his half to the Customs and receives the stamped copy in return. When the film comes back, ordinarily by post, the owner will receive a Notice of Arrival (C.160) from the Customs authorities at the post office. The owner should return this notice, together with the stamped Form No. 116 (Sale), which should be endorsed across its face as follows:—

‘We hereby declare that no negative or positive film has been added to the above-mentioned film while it was abroad.’

The film will then be released without further formalities.

More recently a Form C.160J has been introduced by the Customs to be sent to the owner when a package appears to contain cinematograph films; this should provide for a simple and speedy routine.

If Form 116 (Sale) was not used when the film was exported, admission free of duty should not be claimed on Form C.160 but on Form C.179, which will be supplied by the post office in all cases to be used if necessary. Re-importation will always be made easier if the overseas sender indicates on the Customs declaration affixed to the package that the film is being returned after viewing abroad.

Films sent to this country by post must, of course, be packed in accordance with postal regulations and must be sent by an authorised post—i.e., by parcel post or letter post (or small packet) bearing an international (Customs) green label. If the film is exported and re-imported otherwise than by post, the local Customs Officer will explain the procedure.

Paradoxically, borrowing from film libraries is somewhat more difficult. Here the problems are different. Since many libraries are a commercial venture, the films they distribute represent part of their livelihood. When one of their films is sent abroad for a considerable time, they lose heavily on the loan, and their loss cannot be made good by increased hire charges because this would make them prohibitive to the borrower. Many of the larger free loan libraries, such as those associated with pharmaceutical companies, will entertain enquiries provided they are forwarded by their local agents. In either case



the export procedure would be handled by the library's or company's export department, who are well qualified to deal with its snags.

### Importing Films into the U.K.

As in exporting films, one of the importer's most valuable assets is time. It is useless having films reaching this country by air from the far corners of the earth in a few days if they are to be held up on arrival by a lack of the documents to facilitate their entry.

Let us suppose it is decided to view in Britain a film from abroad which will advance the cause of research here. The first step is to get the following details from the owner before shipment: the correct title of the film, its length in feet, and an invoice stating its description and value. It may also be helpful later to find out from the owner whether a certificate of the educational character of the film has been issued by the government of the producing country.

Film imported into this country is liable for duty at 1d. per foot. Under section 6 of the Import Duties Act, 1958, and paragraph 3 of its fourth schedule, application may be made to the Board of Trade<sup>3</sup> for a duty-free Treasury direction or 'licence' in respect of goods imported for non-commercial use in the advancement of science, learning, art or sport. Details of this are contained in Notice DFN 3, supplied by the Board of Trade. From the same Department the necessary application form (D.F.A.3) can also be obtained.

Provision is also made under the Import Duty Reliefs (No. 3) Order, 1958, for relief from import duty on (a) films, film strips, micro-films or sound recordings of an educational, scientific or cultural character produced by the United Nations or one of its specialised agencies, and certified as such by them (full details will be found in Notice No. 370, obtainable from the Commissioners of Customs and Excise<sup>4</sup>); (b) educational films certified as such by the British Film Institute<sup>5</sup> on behalf of the Minister of Education. This relief depends on previous certification of the film by the government of the producing country and is also conditional on the existence of reciprocal facilities for British films imported into that country. Further details may be obtained from the British Film Institute or from the Commissioners of Customs and Excise, whose Notice No. 59 deals with this subject.

The possession of this Treasury licence does not, however, avoid the necessity for an import licence. It is still necessary to apply for an 'Application for Import Licence—Exposed Cinematograph Films' from the Board of Trade<sup>6</sup> for all films coming from hard-currency areas, the U.S.S.R. and associated states. The need for such an import licence can always be discovered during the preliminary enquiry from the Board of Trade.

When the Notice of Arrival of an imported film is received, two further steps must be taken before the consignment can be released. For Customs purposes, duplicate copies of Form No. 22 (Sale) must be completed to accompany the entry. These forms can also be obtained from H.M.S.O.<sup>7</sup>, price 3d. plus purchase tax and postage. In addition to answering the questions involved, this endorsement should be written across the face of the document:—

'Claim exempt from duty under the Import Duties Act, 1932, (and/or from silk duty) by section 8, Finance Act, 1936, Licence No..... dated.....'

The Form 22 (Sale), together with Form 160 and any appropriate import licence, Treasury licence, certificate, etc., should then be returned to the post office.

Except in the case of films which have to be submitted to the British Film Institute, and provided the documents have been properly completed, the package will be released by the Customs and delivered promptly by the Post Office. However, if some hitch does occur, it is always worth remembering that H.M. Customs Officer prefers to be consulted before misunderstandings arise, rather than afterwards.

### Permanent Imports

In this paper I have been concerned primarily with the temporary loan of films. The procedures are much the same for the permanent import of films. If it is difficult to find the 'hard currency' to pay for the film, it is possible to use Unesco *billets* as currency. Details of this scheme, with regard to films, can be obtained from the British Film Institute<sup>7</sup>.

### The Transport Agent

For all the steps and procedures outlined above, except applications for import licences, Treasury directions, etc., which the importer should undertake personally, the prospective film borrower can employ a transport agent experienced<sup>8</sup> in the film business, who will charge about 30/-, excluding carriage, for each operation. The agent will act on his client's behalf in all matters relating to the import and export of the film, leaving the client completely free. However, this is only a question of expediency. The agent has to go through exactly the same procedures as the borrower himself, who, armed with this brief exposé, should in most respects be equally well placed.

#### ADDRESSES

1. Further copies of the supplement, 'Films of Cerebral Palsy,' can be obtained from: Scientific Film Association, 55a Welbeck Street, London, W.1.;  
or National Spastics Society, 12 Park Crescent, London, W.1.
2. H.M. Stationery Office, P.O. Box 569, London, S.E.1.
3. Board of Trade, Tariff and Import Policy Division, Horseguards Avenue, London, S.W.1.
4. Commissioners of Customs and Excise, King's Beam House, Mark Lane, London, E.C.3.
5. British Film Institute, Film Appreciation Department, 81 Dean Street, London, W.1.
6. Board of Trade, Films Branch, Horseguards Avenue, London, S.W.1.
7. The Secretary, British Film Institute, 81 Dean Street, London, W.1.
8. e.g. Film Transport Service (GB) Ltd., 5 D'Arblay Street, London, W.1.;  
or Northern Transport Agency (London) Ltd., N.T.A. House, 47-48 Duke Street, London, S.W.1.

## Classified Catalogue

### PHYSIOLOGY

#### THE CEREBRAL CORTEX OF THE MONKEY

16 mm.      Sound.      Colour.      24 minutes.      Great Britain 1950

*Medical Advisers:* Department of Physiology, University of Oxford.

*Distributor:* I.C.I. Film Library, Imperial Chemical House, Millbank, London, S.W.1 (M24) (FREE).

**Content:** The film opens with a shot of Sir Charles Sherrington and of David Ferrier, pioneers in this field. Then follows a mention of Fulton. Histological preparations and diagrams to demonstrate the distribution of the giant nerve cells are shown. The brain of a rhesus monkey is then exposed and unipolar electrical stimulation applied to the motor cortex with the resulting movements in the arm, hand, foot, face, tongue and eyes. An excision of part of the left motor cortex is made, causing paralysis of the right arm.

Some weeks later, two monkeys are compared; one with a paralysed arm and one with the hand only affected. This latter monkey makes an almost complete recovery.

**Appraisal:** This film demonstrates extremely well the points it sets out to show. Its interest is diminished by unnecessary demonstration of technical operative procedure so that it goes a long-way round to attain its objective. The early neurological diagrams are not very clear without pre-existing knowledge and some verbal explanation. It is, however, a useful film for showing areas responsible for motor defect and also because it stresses what is often forgotten in dealing with neurological conditions—the fact that movement not muscle must be studied.

**Audience:** Recommended for physiologists, physiotherapists, medical students and all those concerned with neurological conditions.

#### THE DEVELOPMENT OF LOCOMOTION

16 mm.      Silent.      Black and white.      30 minutes.      Great Britain 1950

*Medical Adviser:* Prof. R. S. Illingworth.

*Distributor:* British Film Institute, 81 Dean Street, London, W.1 (HIRE).

**Content:** The development of locomotion in children from birth to seven years is shown, illustrating the principles of Dr. Arnold Gesell's work on the development of head control. The development in the prone position, standing and walking are shown.

**Appraisal:** This film is clearly set out and forms a valuable adjunct to clinical demonstrations of Gesell's tests. It covers so large a group of these that unless only part of it is shown at a time students may find difficulty in retaining much. On the other hand, for revision it will be excellent. The lettering of the captions gives an unfair impression of amateurishness to a film whose content is of high professional level.

**Audience:** Medical students, child welfare personnel, post-graduate students of paediatrics, parents groups, psychologists and physiologists.

#### THE DEVELOPMENT OF MANIPULATION

16 mm.      Silent.      Black and white.      25 minutes.      Great Britain 1951

*Medical Adviser:* Prof. R. S. Illingworth.

*Distributor:* British Film Institute, 81 Dean Street, London, W.1 (HIRE).

**Content:** A silent film with captions. It gives a detailed study of the development of manipulation in a child during the first three years of life. The disappearance of the early reflexes is

followed by the emergence of voluntary grasps and the use of one or two hands together. As the child grows older dexterity increases.

**Appraisal:** This film would be extremely useful for teaching, for which its relatively slow tempo is a great advantage. The presentation is clear and interesting. The method is, as acknowledged, based on Gesell's work. A chronological presentation might have had advantages but this is arguable. The cinematic quality of the lettering and lay-out of captions is less good than that of the photographs.

The film will be extremely useful to show progressive development to workers dealing with normal infants and small children, and especially to people handling children who, for any reason, are late in development. For this reason the film is especially useful for teaching Gesell's standards which are of fundamental importance in estimating motor and mental capacities. The film would have a special value in revision.

**Audience:** Medical students, child welfare personnel and all people dealing with the assessment of intellectual capacity.

#### **DEVELOPMENT OF MOTOR MOVEMENT IN INFANTS DURING FEEDING**

16 mm.                      Silent.                      Black and white.                      25 minutes.                      Germany 1953

**Medical Adviser:** Prof. S. Bayr-Klimpfinger, Drs. H. E. R. Precht and P. Leyhausen of the Institut Meeres Biologie, Göttingen.

**Distributor:** British Film Institute, 81 Dean Street, London, W.1 (HIRE).

**Content:** This is a record of the movements of the lips and hands of infants in response to breast feeding, from birth to a few months old. Their reactions to solid food are also recorded. The sucking reflex; the transition to directed sucking with responses to stimulation by finger, spatula or bottle teat; the responses of babies of different ages, including premature babies; a comparison of the responses to spoon-feeding of a three-month-old baby with those of a ten-month-old. Each record is introduced by a caption, which gives the age of the child but does not interpret what is to be seen.

**Appraisal:** This record film is a developmental study useful to research students in paediatrics. If accompanied by an adequate explanation it could serve for children's nurses or health visitors.

**Audience:** Nurses, health visitors, medical students and all students of child development.

#### **ELECTROMYOGRAPHY OF POSTURAL MUSCLES**

16 mm.                      Sound.                      Black and white.                      11 minutes.                      Great Britain 1953

**Medical Adviser:** Dr. J. Joseph.

**Distributor:** British Film Institute, 81 Dean Street, London, W.1 (HIRE).

**Content:** Muscle activity is shown to be accompanied by the generation of electrical potentials which can be picked up and shown on a recording oscillograph. The action of leg and thigh muscles in maintaining standing posture is examined, a split frame technique being used to compare body movements and the electrical potentials developed in the muscles. It is noteworthy that static postural activity of the muscles is not accompanied by electrical effects analogous to those of active muscle action.

**Appraisal:** Interesting material clearly presented, though a little repetitive. It might also have been useful to see abnormal postures.

**Audience:** Medical students, physiologists, physiotherapists, nurses and teachers of physical training.

#### **EMBRYOLOGY OF HUMAN BEHAVIOUR**

16 mm.                      Sound.                      Colour.                      28 minutes.                      U.S.A. 1950

**Technical Adviser:** Dr. A. Gesell.

**Distributor:** British Film Institute, 81 Dean Street, London, W.1 (HIRE).

**Content:** This research report on child development demonstrates the increasing co-ordination of behaviour patterns. By five months the embryo has a complicated central nervous system, some 500 pairs of skeletal muscles, including those of the eye and the retina, with distinctive microscopic layers. Until birth there is continuous development between the cortex and the retina. At one month old eye movement is associated with postural reflexes and at three months visual

interest and capacity to fix on nearby objects is apparent. Movement rapidly shows more precision and at one year the infant can completely grasp with the fingers and thumb opposed. At 18 months he starts building bricks in a vertical direction, later horizontally and soon progresses to complicated designs. The term 'reciprocal interweaving' is applied to the co-ordination of right and left sides of the body, and the motor and automatic divisions of the central nervous system. During this period he begins to draw and to walk. Studies of such abilities are an aid to the diagnosis of mental defect and the potentialities in cases of cerebral palsy.

**Appraisal:** This useful record of work done in 1946 contains valuable material, but a knowledge of embryology is essential to appreciate its worth. The film is well made, maintains interest and presents its points clearly and slowly.

**Audience:** Medical students, nurses, psychologists, and others interested in child-development.

#### MOVEMENT—SIGNIFICANCE OF THE ACTIVITY OF THE NORMAL INFANT

16 mm.      Silent.      Colour.      20 minutes.      Great Britain 1957

*Medical Advisers:* Mrs Eirene Collis, M.C.S.P. and Dr. W. Dunham.

*Distributor:* Physician Superintendent, Queen Mary's Hospital for Children, Carshalton, Surrey (FREE).

**Content:** This film shows aspects of the normal development of voluntary movement against which its abnormal development can be assessed.

**Appraisal:** This film gives a very good impression of the continuous change and development of the growing infant's motor capacities. Medical students could benefit from seeing the film, though some signs are too briefly demonstrated for a student to take in easily.

**Audience:** Nurses, medical students, parents of cerebral palsied children.

#### STRUCTURE AND CAPABILITIES OF A HUMAN MID-BRAIN ANIMAL

(eines menschlichen Mittelhirnwesens)

16 mm.      Silent.      Black and white.      10 minutes.      Austria 1923

*Medical Adviser:* Prof. J. Gamper, Neurological-psychiatric Clinic, Innsbruck University.

*Distributor:* British Film Institute, 81 Dean Street, London, W.1 (HIRE).

**Content:** The film shows an anencephalic female infant aged 12 weeks, lacking all parts of the C.N.S. above the mid-brain, which is intact but deformed. The infant is seen held up, sitting on a physician's hand, lying supine, reacting to turning of the head, yawning, held up under armpits, reacting with startle reflex to a puff of cold air, 'rooting', sucking a finger and sucking at a bottle. Subtitles in German precede each shot.

An English translation of the subtitles is supplied with the film and also *Teaching Notes* in German.

**Appraisal:** Although some of the shots are brief, this film is of great interest as it shows many complex co-ordinated movements in a human infant with no fore brain. It is also interesting to see apparently purposive reflex movements which are initiated without voluntary movements activated by higher motor control being superimposed. Some point to the film is lost because they do no more than treat the child as an animal; what they need to contrast is its failure as a human, its stereotypes, etc. A version with English captions is very desirable; and an English version of the teaching notes should be supplied.

**Audience:** Undergraduate and graduate students of neurophysiology, graduate paediatricians, neurologists and teratologists. Unsuitable for lay audiences.

## AETIOLOGY

#### ANOXIC BRAIN INJURY IN TWO CHILDREN (Sequelae of Anoxia)

16 mm.      Silent.      Black and white.      13 minutes.      Great Britain 1954

*Medical Advisers:* Dr. R. C. Mac Keith and Prof. P. E. Polani.

*Distributor:* British Film Institute, 81 Dean Street, London, W.1 (HIRE).

**Content:** The film shows the clinical progress over two years of a child aged three years who developed athetosis and hemiparesis after an anoxic episode during angiography and also of a



seven-year-old who had an anoxia during anaesthesia for secondary bleeding after tonsillectomy.

**Appraisal:** The film conveys something of the clinical pictures which may result from anoxia occurring apart from the anoxia of the newborn. It conveys the slow but continuing improvement seen in such children.

**Audience:** Neurologists, paediatricians, anaesthetists.

## CLINICAL—GENERAL

### EARLY DIAGNOSIS IN CEREBRAL PALSY

16 mm.      Sound.      Black and white.      20 minutes.      Great Britain 1959

*Medical Adviser:* Prof. R. S. Illingworth.

*Distributor:* Joseph Larway, Dept. of Medical Photography, United Sheffield Hospitals, West Street, Sheffield, 1; and

British Film Institute, 81 Dean Street, London, W.1 (HIRE).

**Content:** This film demonstrates the early diagnosis of cerebral palsy by means of a large number of detailed clinical records of children at various stages in their development.

There are demonstrations of the increased resistance to abduction of the adductor muscles of the thigh, and of the brisk knee jerk. Both of these indicate an abnormally brisk stretch reflex. Other diagnostic methods are referred to in passing.

**Audience:** A very useful film for clinical medical students and for registrars and consultants in paediatrics, physical medicine and neurology.

### EARLY RECOGNITION OF CEREBRAL PALSY

16 mm.      Sound.      Colour.      15 minutes.      Great Britain 1952

*Distributor:* British Film Institute, 81 Dean Street, London, W.1 (HIRE); and

British Council for the Welfare of Spastics, 13 Suffolk Street, London, S.W.1 (FREE).

**Content:** A carefully photographed demonstration of typical spastic and athetoid cerebral palsy cases at age about seven and also at about one year old. It indicates the principal aspects of the condition in the various subjects.

**Appraisal:** A good demonstration of the relevant physical signs in the two types of cerebral palsy and how they differ at different ages. The baby with spastic cerebral palsy is probably a mixed type with athetoid elements, but this does not prevent the film being valuable for teaching the subject. Great care has been taken over the continuity, and the commentary is excellent.

**Audience:** Undergraduate and graduate medical students.

### N.F.E.R. CEREBRAL PALSY RESEARCH: PROGRESS STUDY OF SIX CHILDREN

16 mm.      Silent.      Black and white.      32 minutes.      Great Britain 1948

*Medical Advisers:* Medical staff of St. Margaret's School, Croydon, and recorded under the direction of Miss M. I. Dunsdon, M.A., and Dr. Brian Stanford.

*Distributor:* British Film Institute, 81 Dean Street, London, W.1 (HIRE).

**Content:** A research record of six children handicapped by cerebral palsy. Each child performs four movements: prehension ability, aiming ability, control of a pencil and ability to turn a page. Before each child's performance the same movements are shown carried out by a normal child of equivalent age. Each action is shown first at normal speed and then with the action slowed down four times by the camera. An athetoid boy dressing himself is also shown.

**Appraisal:** These protocols provide material for investigators and therapists in the C.P. field. Each might rearrange the order to elucidate his problem.

**Audience:** Research workers on the neurology and therapy of cerebral palsy; occupational therapists and physiotherapists working with cerebral palsied children.

**RECORDS OF MOVEMENTS IN SPASTIC AND ATHETOID CEREBRAL PALSY**  
 16 mm.      Silent.      Black and white.      15 minutes.      Great Britain 1956

*Medical Responsibility:* Medical staff of St. Margaret's School, Croydon. Re-edited by Dr. R. Mac Keith.

*Distributor:* British Film Institute, 81 Dean Street, London, W.1 (HIRE).

*Content:* A spastic and an athetoid cerebral palsy child doing four simple routine actions. (This film is a re-edited version of 'N.F.E.R. Cerebral Palsy Research' above.)

*Audience:* Undergraduate and graduate students of medicine; physiotherapists.

## CLINICAL—CASE-RECORDS

### AN ATHETOID BOY DRESSING

16 mm.      Silent.      Black and white.      4 minutes.      Great Britain 1948

*Medical Adviser:* Medical staff of St. Margaret's School, Croydon.

*Distributor:* British Film Institute, 81 Dean Street, London, W.1 (HIRE).

*Content:* An extract from Miss Dunsdon's N.F.E.R. film; this shows an athetoid cerebral palsy boy aged 8 (?) dressing himself.

*Appraisal:* Provides material for study of some of the problems that athetoid cerebral palsy presents.

*Audience:* Medical and physiotherapy students.

### STURGE-WEBER SYNDROME: BEFORE AND AFTER HEMISPHERECTOMY

16 mm.      Silent.      Colour.      10 minutes.      Great Britain 1955

*Medical Advisers:* Prof. Paul Polani, Dr. Philip Evans, Mr. Murray Falconer and Dr. R. C. Mac Keith.

*Distributor:* British Film Institute, 81 Dean Street, London, W.1 (HIRE).

*Content:* A six-year-old girl is seen. She has capillary naevi of left side of face and a right hemiparesis and a right hemianopia. The behaviour seen is of a 2- or 3-year-old child; a brief tantrum is seen. Seen again after left hemispherectomy, the child is more friendly and happy, and her right hemiparesis is no worse.

*Teaching Notes* available.

*Appraisal:* A useful simple film. The balance could be better; the demonstration of hemiparesis is at a pace suitable for students, the tantrum is so brief that it can be missed by those inexperienced with children.

*Audience:* Postgraduate students of paediatrics, children's psychiatry and neurology.

## CLINICAL—DIFFERENTIAL DIAGNOSIS

### AMYOTONIA CONGENITA

16 mm.      Silent.      Black and white.      7 minutes.      U.S.A. 1926

*Medical Adviser:* Unknown.

*Distributor:* British Film Institute, 81 Dean Street, London, W.1 (HIRE).

*Content:* A case demonstration of an infant aged 10 months. Its progress, pathology, histology and findings on examination.

*Appraisal:* The film is notable for showing in some detail the histological aspects; this could have been better by inclusion of normals for comparison. Otherwise it is a straightforward case demonstration.

*Audience:* Postgraduate medical students and specialists.

**ATONIC DIPLEGIA IN A GIRL AGED 3 YEARS****16 mm.****Silent.****Colour.****4 minutes.****Great Britain 1950***Medical Advisers:* Dr. P. R. Evans, Dr. R. C. Mac Keith.*Distributor:* British Film Institute, 81 Dean Street, London, W.1 (HIRE).

**Content:** A case demonstration. The poor tone of the limbs is demonstrated, the plantar responses, and her subnormal behaviour.

*Teaching Notes* available.

**Appraisal:** A useful clinical demonstration.

**Audience:** Undergraduate and graduate medical students.

**A CASE OF ATHETOID INFANTILE CEREBRAL PALSY WITH QUICK MOVEMENTS IN A BOY AGED 4 YEARS****16 mm.****Silent.****Colour.****2½ minutes.****Great Britain 1954***Medical Adviser:* Dr. R. C. Mac Keith.*Distributor:* British Film Institute, 81 Dean Street, London, W.1 (HIRE).

**Content:** A case demonstration showing a friendly child walking about. Quick unwanted movements of choreic type are seen.

*Teaching Notes* available; they give only a clinical history of the child.

**Appraisal:** The child was not asked to carry out purposeful movements with his upper limbs, and if he had done so athetotic movements might have been present. Some captions, pointing out features to be noted, might make the film more widely useful for teaching medical students as well as for specialists interested in cerebral palsy.

**Audience:** Postgraduate medical students, specialists and physiotherapists.

**A CASE OF CEREBELLAR ATAXIA****16 mm.****Silent.****Black and white.****5 minutes.****Great Britain 1951***Medical Adviser:* Dr. P. Tizard.*Distributor:* Photographic Department, St. Mary's Hospital Medical School, Praed Street, London, W.2 (HIRE).

**Content:** A case demonstration of an 8-year-old boy, showing physical signs resulting from a cerebellar tumour.

**Appraisal:** This is a good film which gives a clear impression of ataxia, though many of the captions are rather long. It is unfortunate that the child is so completely dressed. Medical students will find the demonstration of how to elicit signs of cerebellar disorder of great value.

**Audience:** Medical students and physiotherapists.

**A CASE OF HYPOTONIA AND PURPOSELESS MOVEMENT IN A MENTALLY-DEFECTIVE GIRL AGED 5 YEARS****16 mm.****Silent.****Colour.****2½ minutes.****Great Britain 1954***Medical Advisers:* Dr. P. R. Evans, Dr. R. C. Mac Keith.*Distributor:* British Film Institute, 81 Dean Street, London, W.1 (HIRE).

**Content:** A case demonstration to illustrate abnormal movements seen in mentally defective children which may be confused with those of athetoid cerebral palsy. It shows a five-year-old child.

*Teaching Notes* available; they give only a clinical history of the child.

**Appraisal:** This film is of considerable interest for it provides repeatable clinical material for discussion. The movements shown might, by some workers, be considered athetotic.

**Audience:** Postgraduates studying neurology, mental deficiency or cerebral palsy.

**A CASE OF KERNICTERUS CHOREA****16 mm.****Silent.****Colour.****6 minutes.****Great Britain 1948***Medical Adviser:* Dr. R. C. Mac Keith.*Distributor:* British Film Institute, 81 Dean Street, London, W.1 (HIRE).

**Content:** An eleven-year-old girl with chorea due to rhesus isoimmunisation disorder at birth.

*Teaching Notes* available giving the clinical history, the content of the film and a brief review of the subject with diagrams.



**Appraisal:** An interesting case and well presented. It would be a really valuable teaching aid if there was a spoken commentary as well as teaching notes, though these are good. The colour is uneven and many splices are obvious.

**Audience:** Undergraduates and graduate medical students.

#### **A CASE OF STURGE-WEBER SYNDROME**

16 mm.      Silent.      Colour.      3 minutes.      Great Britain 1947

*Medical Advisers:* Dr. R. C. Mac Keith and Dr. F. Parkes-Weber.

*Distributor:* The Wellcome Film Library, 183-193 Euston Road, London, N.W.1 (FREE).

**Content:** A case demonstration in which Dr. Parkes-Weber also appears. A three-year-old child has capillary naevi all over his body though they predominate on the right side. He also has a left homonymous hemianopia and a left hemiparesis which affects his face, arm and leg. The hemiparesis is due to a naevoid condition of the leptomeninges on the right side. In a more advanced case, X-ray examination reveals intracranial calcification, which the child does not yet show.

**Appraisal:** It is unfortunate that the demonstration is so short as more could have been got out of the case, especially if some close-ups could have been included. The lifting and allowing the arm to fall, the only test shown, is no evidence of 'strength'. The demonstration of hemianopia was not convincing and the hemiplegia is partly flaccid.

**Audience:** Undergraduate and graduate students of medicine, physiology and physiotherapy.

#### **CONGENITAL HEMIPLEGIA WITH ATHETOSIS OF THE UPPER LIMB**

16 mm.      Silent.      Colour.      3 minutes.      Great Britain 1952

*Distributor:* British Film Institute, 81 Dean Street, London, W.1 (HIRE).

**Content:** The film shows an eight-year-old, severely mentally defective boy. He has a right hemiparesis without much spasticity. The hemiplegia is revealed as he walks about. The knee jerks and plantar responses are demonstrated. He uses first the good upper limb and then the paretic one, which brings out the squirming movements.

**Appraisal:** The demonstration could be longer with advantage but it provides useful material for teaching students to recognise a hemiplegia and certain unwanted movements, and for experts to discuss, after learning the clinical history, how typical or atypical this particular case is in some of its details.

**Audience:** Undergraduate and graduate medical students, physiotherapists, nurses.

#### **DEVELOPMENTAL SURPRISES**

16 mm.      Sound.      Black and white.      19 minutes.      Great Britain 1960

*Medical Adviser:* Prof. R. S. Illingworth.

*Distributor:* Joseph Larway, Dept. of Medical Photography, United Sheffield Hospitals, West Street, Sheffield, 1.

**Content:** This film is intended to show some of the difficulties encountered in the developmental periods. It also shows children who turned out differently from the way expected; some were very retarded in the newborn period and lost these signs as they grew older, proving eventually to be normal.

The film ends with two cases of microcephaly which showed average development at first but subsequently slowed down in development and became subnormal.

**Audience:** Postgraduate medical students and specialists.

#### **DIAGNOSIS IN THE FIRST EIGHT WEEKS OF UNUSUAL DEVELOPMENT**

16 mm.      Magnetic sound.      Black and white.      20 minutes.      Great Britain 1959

*Medical Adviser:* Prof. R. S. Illingworth.

*Distributor:* Joseph Larway, Dept. of Medical Photography, United Sheffield Hospitals, West Street, Sheffield, 1.

**Content:** This film sets out to show how much can be learnt about the child's future development from his status in the first eight weeks.

In all cases children filmed in the first eight weeks were refilmed later—up to five-years-old—

in order to show corrections of the diagnosis. The film also demonstrates the diagnosis of advanced motor development, mental deficiency and cerebral palsy in the first eight weeks of life.

**Audience:** Postgraduate medical students and specialists.

#### **DYSTONIA MUSCULORUM**

**16 mm.**

**Silent.**

**Black and white.**

**15 minutes.**

**Great Britain 1954**

*Medical Adviser:* Dr. Beryl Corner.

*Distributor:* British Film Institute, 81 Dean Street, London, W.1 (HIRE).

**Content:** A boy and a girl, presumably sibs, are shown first at age 8 and 10 years. The boy has early and the girl well-developed symptoms of dystonia musculorum. They are seen two years later; the symptoms have progressed. They are then shown after a further 11 months on artane; both are greatly improved. They are seen finally one year later; the improvement has been maintained.

**Appraisal:** The tempo of the film is slow and gives plenty of time to study the children and their disorder. The photography is adequate but the backgrounds are rather distracting. The slow tempo of the early part of the film can be useful for teaching recognition, *i.e.* diagnosis, of this disorder but the sequences after treatment are unnecessarily long. The value of artane for these children is well conveyed.

**Audience:** Useful for post-graduate students of neurology and paediatrics.

#### **GAIT**

**16 mm.**

**Sound.**

**Colour.**

**33 minutes.**

**Great Britain 1954**

*Medical Adviser:* Dr. E. A. Carmichael.

*Distributor:* I.C.I. Film Library, Imperial Chemical House, Millbank, London, S.W.1 (M.34) (FREE).

**Content:** A survey of the parts played by muscles and the various components of the nervous system in walking and variations of gait resulting from lesions at different levels of the neuromuscular mechanism. The film opens with a brief description of the anatomy of the nervous system shown on a diagram. Then follows a series of cases suffering from muscular disorder, lower motor neurone lesions, damage to the spinal motor nerves, upper motor neurone lesions, interruption of one or both pyramidal tracts and of the sensory pathways. In each case the gait is demonstrated both in the unclothed patient and from below a glass plate, and typical signs are shown in many of the conditions. Disorders of gait due to involvement of cerebellar mechanisms are then shown, and the effect on the ability to perform rapid movements demonstrated. Finally, abnormal movements resulting from lesions of the basal ganglia are shown. The emphasis throughout the film is on the anatomical site of the lesion, and names of diseases are omitted.

**Appraisal:** A demonstration of most valuable clinical material to illustrate the way in which the gait is affected by lesions at various sites. The factual content is accurate without irrelevant detail. The argument is developed logically and effective use is made of diagrams and clinical material. The photographic composition is often indifferent, however, and many of the backgrounds are distracting. Although the commentator lacks professional elocution, his authority outweighs this slight defect. The relationship of the commentary to the visuals is poor at times and its level of difficulty is not consistent. On the whole, the film gives the impression of being too long: thirteen cases are demonstrated in half an hour. It might have been better to have divided the film into two parts, the second part containing the cerebellar and basal ganglia disorders.

**Audience:** Students of physiology could usefully be shown the first part of the film, and the whole might be used by undergraduates at the end of their clinical training.

#### **HEREDITARY ATAXIA**

**16 mm.**

**Silent.**

**Colour.**

**6 minutes.**

**Great Britain 1947**

*Medical Advisers:* Dr. David Morris and Dr. R. C. Mac Keith.

*Distributor:* The Wellcome Film Library, 183-193 Euston Road, London, N.W.1 (FREE).

**Content:** A case demonstration of Friedreich's ataxia. A girl aged ten reveals typical early symptoms due to lesions of the spino-cerebellar and pyramidal tracts. In her brother, a more advanced case aged 25, the symptoms are more severe.

**Appraisal:** This is a good teaching film but the text of the film is inadequate if it is meant to explain the signs on a neurological basis. It would also have been useful if the patients had not been so completely dressed and if the normal could have been demonstrated in contrast.

**Audience:** Medical undergraduates and nurses.

#### **INFANTILE CEREBELLAR DISORDER IN A BOY AGED FOUR**

16 mm.      Silent.      Colour.      2½ minutes.      Great Britain 1954

**Medical Advisers:** Dr. P. R. Evans and Dr. R. C. Mac Keith.

**Distributor:** British Film Institute, 81 Dean Street, London, W.1 (HIRE).

**Content:** A case demonstration. This record shows the principal aspects of the case and subsequent response to physiotherapeutical treatment.

**Teaching Notes** available, giving the boy's clinical history and the possibility of it being a case of degeneration of the red nucleus.

**Appraisal:** It is difficult to make a clear diagnosis on the evidence presented in the film, which could usefully be made longer and include a further follow-up as the boy is still under treatment and has perhaps not improved as much as would be expected in the time interval covered.

**Audience:** Medical postgraduates and physiotherapists.

#### **ORTHOPAEDIC GAIT**

16 mm.      Sound.      Colour.      30 minutes.      Great Britain 1956

**Medical Advisers:** Mr. D. M. Brooks, F.R.C.S.I., Mr. H. J. Seddon, C.M.G., F.R.C.S., Institute of Orthopaedics, University of London.

**Distributor:** I.C.I. Film Library, Imperial Chemical House, Millbank, London, S.W.1 (Ref. No. M38) (FREE).

**Content:** The movements at the hip-joint are shown in a bony pelvis and femur, as well as on a diagram. The effect of loss of muscle power at the hip, the knee and the ankle are then demonstrated on patients who are seen walking, sitting and going up steps; in addition, they are shown in silhouette while walking on a moving belt. Then, using similar demonstration methods, the film shows the effects of mechanical derangement at the hip, knee and ankle and at the great toe; in each case the compensatory mechanism is indicated. Finally, the effects of malformation of the bones, including curvature, shortening and spinal disease, are demonstrated. The film ends with a summary.

**Appraisal:** A very good exposition made with economy and precision. Both the lesions and the compensatory mechanism are clearly indicated by the commentator and the whole film has authority. Good use is made of the silhouette and of cineradiography; the placing of a foot on the ground is cleverly shown. The colour photography is very good.

**Audience:** Orthopaedic students, for postgraduate teaching.

#### **PHYSICAL DIAGNOSIS: DISORDERS OF MOTILITY**

16 mm.      Sound.      Black and white.      37 minutes.      U.S.A. 1959

**Medical Adviser:** Prof. A. M. Ornstein.

**Distributor:** CIBA Laboratories Ltd., Horsham, Sussex (FREE).

**Content:** A demonstration of 28 patients with diseases affecting gait and motility, including muscular dystrophy, multiple sclerosis, Parkinson's disease, strokes, cerebral palsy and poliomyelitis.

This is one of a series of specialised teaching films made by Wayne State University College of Medicine, Detroit, which in this case was completed with the help of Professor Ornstein of the Department of Clinical Neurology, University of Pennsylvania School of Medicine.

**Audience:** Undergraduate and graduate medical students.

#### **RHEUMATIC CHOREA**

16 mm.      Silent.      Colour.      5½ minutes.      Great Britain 1947

**Medical Adviser:** Dr. R. C. Mac Keith.

**Distributor:** The Wellcome Film Library, 183-193 Euston Road, London, N.W.1 (FREE).

**Content:** A girl during and after the illness. The girl, aged 13 years, shows the characteristic grimacing and semi-purposive, non-repetitive movements of chorea. Hypotonia is present and

poor co-ordination of breathing movements. The absence of choreic movements during sleep is demonstrated. After six weeks' rest in bed the symptoms have disappeared.

**Appraisal:** This is an excellent and unusually complete demonstration of a classical case of Sydenham's chorea.

A little more could have been made of the uniquely characteristic mouth and face movements, giving a petulant expression so often mistaken for 'rudeness' in the early stage. For those concerned with cerebral palsy it is a useful film to compare the differences and the similarities of the movements in Sydenham's chorea and in athetoid cerebral palsy. For student nurses the film is also useful as it will acquaint them with this condition which many do not have an opportunity of seeing. The colour is sometimes poor but on the whole this is an excellent film.

**Audience:** Medical students, physiotherapists and nurses.

**SOME ASPECTS OF THE ROLE OF MENTAL FUNCTION IN PHYSICAL ACTIVITY**  
**16 mm.                      Sound.                      Black and white.                      40 minutes.                      Great Britain 1954**

**Medical Advisers:** Mrs. Eirene Collis, M.C.S.P., Dr. C. D. S. Agassiz, Dr. W. Dunham and Dr. D. N. Lawson.

**Distributor:** British Film Institute, 81 Dean Street, London, W.1 (HIRE).

**Content:** This film demonstrates and stresses the fact that the attainment of competent achievements by children with disorders of cerebral motor function is a learning process, and is therefore dependent on their mental ability.

**Appraisal:** The film gives a wide review of many aspects and deals especially with a very useful point—namely, early differentiation between mental defect and motor disorder as causes of delay in development. (No mention is made of other possible causes.)

It is difficult to decide for exactly what the film could best be used. The introductory shot of the armless lady is of immense human interest and, together with later shots of training, conveys a therapeutically optimistic attitude. On the other hand they are not very relevant as regards differentiation between mental and motor handicaps.

The film could be shown to groups of parents and others interested in the training of children with motor disorders and to medical students if it was combined with clinical demonstrations of Gesell's tests on which the methods demonstrated are based. The authors would probably agree that the film would now benefit greatly from re-editing with a specific purpose in mind, since it was hurriedly made some years ago to illustrate a paper for a congress. The film conveys a valuable impression of the enthusiasm of the producers.

**Audience:** Medical students, child welfare personnel, post-graduate students of paediatrics, parents groups and all those interested in this type of problem.

## TREATMENT

**CARLSON HOUSE—A DAY SCHOOL FOR SPASTICS**  
**16 mm.                      Silent.                      Colour.                      45 minutes.                      Great Britain 1945**

**Medical Adviser:** Mr. A. Innes, M.B.E., F.R.C.S.

**Distributor:** British Council for the Welfare of Spastics, 13 Suffolk Street, London, S.W.1 (FREE).

**Content:** The film illustrates developments at the school since 1950 and includes procedure for selection of children, activities in the nursery unit and scenes in the school and treatment rooms.

**Appraisal:** An interesting and modestly made picture of life in such a school, showing the ingenuity in devising occupations for handicapped children. It does, however, lack continuity in parts and would have been of more value if it had discussed the difficult cases as well as easier ones. It might have wider usefulness if it were 30 minutes long.

**Audience:** All general audiences, more particularly parents with cerebral palsied children, housemothers, health visitors, social workers and medical students.

## **CEREBRAL PALSY IN SCHOOLCHILDREN**

**16 mm.      Sound.      Black and white.      20 minutes.      Great Britain 1954**

*Medical Adviser:* Mr. John L. Mangan, F.R.C.S.I.

*Distributor:* Manchester Education Committee, Visual Aids Section, 164 Deansgate, Manchester, 3, Lancs (FREE).

**Content:** The film shows children with cerebral palsy at the Margaret Barclay Residential School. There are simple demonstrations of physiotherapy, of braces and skis used in training, and of children at rest and play. There are some records showing the improvement in walking of two or three children, at the beginning and end of a two-year period at the school.

**Appraisal:** This is a competently photographed simple record of the work done at this school and gives what is probably a very true impression of what goes on in a friendly and helpful atmosphere.

**Audience:** Teachers, therapists, all those connected with education, and the general public.

## **CHILDREN AT CARLSON HOUSE**

**16 mm.      Silent.      Black and white.      40 minutes.      Great Britain 1950**

*Medical Adviser:* Mr. A. Innes, M.B.E., F.R.C.S.

*Distributor:* British Council for the Welfare of Spastics, 13 Suffolk Street, London, S.W.1 (FREE).

**Content:** This film shows the education and treatment given at Carlson House School for Spastics, Birmingham. Cerebral palsied children are collected from their homes and come to school and have ordinary teaching and also speech training and physiotherapy.

**Appraisal:** Since this film was made a certain amount of progress has been made, but it remains a valuable film. It is perhaps rather long for medical students, but workers at other cerebral palsy centres will pick up useful ideas.

**Audience:** All general audiences, particularly parents with cerebral palsied children, house-mothers, health visitors, social workers and medical students.

## **CLAREMONT**

**16 mm.      Sound.      Colour.      12 minutes.      Great Britain 1959**

*Medical Adviser:* Dr. G. Woods, Dr. A. L. Smallwood.

*Distributor:* Medical Officer of Health, Central Health Clinic, Tower Hill, Bristol, 2 (HIRE).  
(Free to Bristol audiences.)

**Content:** The film shows the work of the Bristol Education Committee's Claremont Day School for cerebral palsied children. The children are helped to overcome their disabilities by education, speech therapy and physiotherapy. Spastic and athetoid types are demonstrated and a seaside holiday is shown. Special care needed is mentioned and it is stated that 15 of the 28 children at present attending the school need help with eating their meals. Finally a spastic girl is seen joining the Guides and the commentary notes that she was accepted by normal children. 'Will we accept them when they come to us for a job?'

**Audience:** All general audiences, particularly parents with cerebral palsied children, health visitors, social workers and medical students.

## **A DAY IN THE LIFE OF A CEREBRAL PALSIED CHILD**

**16 mm.      Colour.      Sound.      30 minutes.      U.S.A. 1948**

*Medical Adviser:* Children's Rehabilitation Institute, Cockeysville, Maryland.

*Distributor:* British Council for the Welfare of Spastics, 13 Suffolk Street, London, S.W.1 (FREE).

**Content:** Dr. Phelps introduces the film; physiotherapy, speech and occupational therapy and formal education are shown and many appliances to assist children to become self-reliant.

**Audience:** Therapists, general public.



### FIRST STEPS

16/35 mm. Sound. Black and white. 10 minutes. United Nations 1948

*Medical Adviser:* UN Department of Social Affairs, with the co-operation of Dr. N. Purshotton.  
*Distributor:* Central Film Library, Bromyard Avenue, London, W.3 (V265) (HIRE).

**Content:** This is an account of the valuable work being done in special centres in various parts of the world for the rehabilitation of crippled and physically-handicapped children. Through one such typical centre in the U.S., and another in India the film shows the principles behind the rehabilitation of children suffering from spastic paraplegia amongst other diseases.

**Appraisal:** An interesting film which suffers a little from dating. It is, however, still useful to show what can be done to start such facilities locally.

**Audience:** Medical students, therapists, social workers, all general audiences.

### HEARING TESTS IN CEREBRAL PALSID CHILDREN

16 mm. Silent. Black and white. 27 minutes. Great Britain 1957

*Medical Adviser:* Dr. J. Foley.

*Distributor:* Centre for Spastic Children, 61 Cheyne Walk, London, S.W.3 (FREE).

**Content:** The film shows simple methods for testing the hearing in physically-disabled children under the age of five. They are: (a) pitch-pipes; (b) tuning forks; (c) speech; (d) audiometry using the 'conditioning' technique as developed at the Audiology Unit of the Royal National Ear, Nose and Throat Hospital, and employed at the Centre for Spastic Children.

**Appraisal:** The film is designed to illustrate the author's lecture on the subject. In the absence of teaching notes, other users will probably not find it useful.

**Audience:** Medical students, parents of cerebral palsied children, personnel working in cerebral palsy units.

### THE LINK

16 mm. Silent. Black and white. 25 minutes. Great Britain 1954

*Distributor:* British Council for the Welfare of Spastics, 13 Suffolk Street, London, S.W.1 (FREE).

**Content:** The work of the Midland Spastic Association's Welfare Department with particular emphasis on their work among young adult spastics.

**Appraisal:** The aim of the film is not clear. For the general public it does give some idea of the services which can be provided. Technically some of the activities being undertaken seemed unsuitable and most of the patients could perhaps be occupied in other ways with greater benefit therapeutically.

**Audience:** Parents and general public.

### MARLBOROUGH HOUSE

16 mm. Sound. Colour. 12 minutes. Great Britain 1958

*Medical Adviser:* F. Morton, Bristol Mental Health Officer.

*Distributor:* Medical Officer of Health, Central Health Clinic, Tower Hill, Bristol, 2 (HIRE).

(Free to Bristol audiences.)

**Content:** This film shows the work of Bristol local health authority's training centre at Marlborough House for mentally sub-normal children and adults. The Medical Officer of Health introduces the film and describes the scope of the centre in training mental defectives, spastics, deaf, blind and epileptic patients to become happy helpful members of the family by teaching them visual accuracy and manipulative skills. After an initial medical examination a course of training is decided and psychological tests are instituted to see if the training is suited to the capacity of each patient and to check progress. Six coaches bring some 250 patients to the centre daily. It is emphasised that these people are not mentally ill but that their minds have failed to develop—they are not abnormal but sub-normal. All patients are encouraged to participate in sports and scout, guide and cub camps are available for the children. Commenting that in the past mental defectives were feared and shunned, it was hoped that when an industrial centre was established at Marlborough House, the factories would accept these people. Sheltered workshops would be provided for those who were unemployable in normal factories.

**Audience:** All general audiences, also health visitors and social workers.

## **MENTALLY HANDICAPPED CHILDREN GROWING UP: THE BROOKLANDS EXPERIMENT**

**16 mm.      Sound.      Black and white.      20 minutes.      Great Britain 1960**

*Medical Adviser:* Dr. Jack Tizard.

*Distributor:* National Society for Mentally Handicapped Children, 125 High Holborn, W.C.1 (HIRE).

**Content:** This film, taken over six months at the Brooklands experimental unit of the Fountain Hospital, shows what happens to mentally handicapped children of 4-10 years when they are given a semi-family environment with a chance to work and play as normal children do. In two families, each of 8 children, they are being educated on nursery-school principles.

The first shots show present conditions in a typical institutional home where routine, imposed by staff shortages and overcrowding, can lead to loneliness and provides no opportunity for personalities to develop.

Over the months, the film shows children with backward mentalities, who had been listless and lonely, learning to react to their environment in the same way as normal children, and becoming co-operative, socially-minded, happier and better adjusted. In speech most gained at least one year in mental age during the period of the experiment.

Walks and outings, the chance to have personal toys and belongings, a sense of 'belong' to family units simulated by trained 'house mothers' with limited numbers of other children, choice of activity in play and work are shown here to have helped these children to make the most of their limited abilities. Later sequences show how the same children, often lonely and hopeless in institution conditions, become co-operative, acquire initiative and understanding of give and take when given opportunity for self-expression.

**Audience:** All general audiences, more particularly housemothers, therapists, social workers, medical students and others.

## **THE NEW SCHOOL**

**16/35 mm.      Sound.      Black and white.      5 minutes.      Great Britain 1953**

*Distributor:* National Spastics Society, 12 Park Crescent, London, W.1 (FREE).

**Content:** At Newcastle railway station people are leaving on their summer holidays. Some children cannot go. The film then turns to the Percy Hedley School for cerebral palsied children in Newcastle, where the children are arriving.

**Appraisal:** This film could be made longer and in so doing many of the ideas could be expanded. Unfortunately this was not possible and we are left with a good film which, had more money been available, would have been better.

**Audience:** Parents and general public.

## **PATTERN MOVEMENTS IN THE TREATMENT OF CEREBRAL PALSY**

**16 mm.      Silent.      Black and white.      25 minutes.      Denmark 1952**

*Medical Adviser:* Dr. Temple Fay.

*Distributor:* British Council for the Welfare of Spastics, 13 Suffolk Street, London, S.W.1 (FREE).

**Content:** Lack of co-ordination may be caused by various lesions of the motor cortex and tract. A four-year-old child with right spastic hemiplegia is shown and the features pointed out by captions. A child with spastic diplegia (cerebral tetraplegia) is seen walking up and down. Lesions of the basal ganglia cause athetosis with involuntary movements, increased by intentional movements. Symptoms in the ataxic child are usually caused by lesions in the cerebellum or its communications; a seven-year-old boy is demonstrated.

The normal high degree of co-ordination in man is because the higher brain controls the lower primitive movement patterns. Such primitive movement patterns may survive in cerebral palsy children and may be usefully built up. Dr. Fay calls these 'pattern movements'—e.g., the homologous pattern, as seen in amphibians. A further stage in development is the homolateral pattern movements, where simultaneous parallel movements of both limbs on one side alternate with the

same limbs on the other side. Such pattern movements may be exercised for several months and made automatic before being utilised in the treatment of cerebral palsy.

A young woman is shown lying face downwards; when her head is turned to one side the limbs on that side are flexed. In the cross pattern, the extension of the right arm conditions flexion of the left leg. Such reflex pattern movements can be encouraged.

When these have been learnt some crawling exercises and elephant walking on the hands and knees is done. Erect walking is then practised. The movement of a sound upper limb can improve the movement of a spastic leg, by using the 'sailor's gait', in which the shoulders are moved vigorously in an exaggeration of normal gait.

**Appraisal:** This film presents some original ideas of treatment which are well explained and their application well demonstrated. The film demonstration would probably have to be seen several times to gain the full benefit of this method before it was used on patients.

**Audience:** Recommended for consultants in physical medicine, physiotherapists and student physiotherapists. Useful for students of the development of motor capacities of the human child, paediatricians and neurophysiologists.

#### **A PLACE IN THE SUN**

16 mm.                      Sound.                      Black and white.                      23 minutes.                      U.S.A. 1950

*Medical Adviser:* Dr. Peter Cohen.

*Distributor:* British Film Institute, 81 Dean Street, London, W.1 (HIRE).

**Content:** This shows the various forms of cerebral palsy and examples of training and specialised exercises designed for the various abilities.

**Appraisal:** The general development, continuity, etc., of this film is good but rather spoilt by certain lapses such as the reference to special diets for spastics and some turns of phrase which talk down to the audience. It is, however, one imagines, a satisfactory review of what is being done in the State of California.

**Audience:** Parents of cerebral palsy children and all other interested groups.

#### **THE REHABILITATION OF SPASTICS**

16 mm.                      Sound.                      Colour.                      25 minutes.                      Italy 1960

*Medical Adviser:* Dr. Adriano Milani-Comparetti.

*Distributor:* Centro Cinematografico Carlo Erba, Via Imbonati 24, Milan, Italy.

**Content:** This film shows the essential features of aetiology, prophylaxis and clinical classification; work at the Red Cross Centre in Florence is then illustrated with emphasis on methods of treatment and special schooling, and the rehabilitated spastics are shown at work.

**Audience:** Intended for physiotherapists, social workers, special teachers and parents of spastics, and is available with an English commentary, as well as Italian, French and Spanish.

#### **SOMA IN CEREBRAL PALSY**

16 mm.                      Sound.                      Colour.                      14 minutes.                      U.S.A. 1959

*Medical Adviser:* Dr. Catherine Spears.

*Distributor:* Director, Paediatric Research Unit, Guy's Hospital, London, S.E.1 (FREE).

**Content:** A clinical case study of four outpatient children at the Children's County House, Westfield, New Jersey, demonstrating the results achieved with Soma (carisoprodol), a muscle relaxant with few side-effects. In the before and after studies, the four cases discussed are a 3-year-old spastic paraplegic, 2-year-old rigid quadriplegic with extensor thrust, 11-year-old rigid quadriplegic with contractures and a 6-year-old spastic quadriplegic. The value of the drug in cerebral palsy is assessed, particularly its property of prompt disruption of the extensor thrust.

**Audience:** Postgraduate medical students and specialists.



## SPECIAL EQUIPMENT

16 mm.      Silent.      Colour.      15 minutes.      Great Britain 1957

*Medical Adviser:* Mr. A. Innes, M.B.E., F.R.C.S.

*Distributor:* British Council for the Welfare of Spastics, 13 Suffolk Street, London, S.W.1 (FREE).

**Content:** A film made to help teachers of severely handicapped children. The children taking part in the film are of average intelligence but are affected by cerebral palsy. The film demonstrates the various means found at the Carlson House School to give the cerebral palsied child, with little or no speech and severely handicapped hands, a self-expression otherwise denied to him.

**Appraisal:** This is an inspiring and informative film and should be as widely shown as possible. It is highly recommended for all those who are concerned with the education of handicapped children.

**Audience:** Teachers, therapists and all those connected with education.

## THE TREATMENT OF ATHETOID QUADRUPLEGIA

16 mm.      Sound.      Colour.      20 minutes.      Great Britain 1960

*Medical Adviser:* Dr. K. Bobath.

*Distributor:* Western Cerebral Palsy Centre, 20 Wellington Road, London, N.W.8 (SALE).

**Content:** The film demonstrates on two athetoid patients, one a young child and the other a young adult, treatment techniques by reflex inhibition and movement facilitation, based on a neurophysiological approach to the problem.

**Audience:** Physiotherapists and all interested people in the medical profession.

## THE TREATMENT OF CEREBRAL PALSY IN NEW ZEALAND

16/35 mm.      Sound.      Black and white.      68 minutes.      New Zealand 1956

*Distributor:* New Zealand Film Library, John Adam Street, Adelphi, London, W.C.2 (HIRE).

**Content:** An explanation of the condition called cerebral palsy. Cartoon and diagram sequences explain the nature and effects of the main types of cerebral palsy. The film then picks up the story of a real case history and the child's subsequent treatment at the Queen Elizabeth Memorial Hospital, Rotorua. This is followed through, showing something of the work of all the different departments, including normal education, of the hospital in rehabilitating the children. The film's later scenes show the work of the after-care workers, travelling physiotherapists and N.Z. Cripples' Society.

**Appraisal:** The opening silhouette and diagram work is excellent, though it is a pity that the basal ganglion is shown in vague and incorrect shape. The film generally is of very high quality but it is difficult to understand why the makers made a film of such length; two shorter films would have been more valuable, one for the public and one for the specialist.

While many workers in this field have different ideas on treatment, the film's general approach has almost universal approval.

**Audience:** All general audiences, more particularly parents with cerebral palsied children, housemothers, health visitors, social workers, medical students, etc.

## GENERAL

### THE CHANCE OF THEIR LIVES

16/35 mm.      Sound.      Black and white.      15 minutes.      Great Britain 1952

*Distributor:* National Spastics Society, 12 Park Crescent, London, W.1 (FREE).

**Content:** This film was made to arouse interest in cerebral palsy. It poses the problems that children and adults with cerebral palsy have and the need for special training in childhood. It includes scenes taken at St. Margaret's School for Spastics, Croydon, and Puckle Hill House, Kent; various spastic children and adults are shown.

**Appraisal:** Since this film was made some changes have taken place but this does not invalidate the film which is skilfully and well made.

**Audience:** Parents of cerebral palsy children; and all other interested groups; medical students and physiotherapists.

**DOOR TO FREEDOM (Revised Version)**

**16 mm.                      Sound.                      Colour.                      35 minutes.                      Great Britain 1956-60**

**Distributor:** National Spastics Society, 12 Park Crescent, London, W.1 (FREE).

**Content:** Within a story framework of a children's party supervised by John Slater a spastic boy Jeremy is introduced. We see the reactions of both parents and advice offered by National Spastics Society specialists.

The wide variety of schools and centres are shown: The Wilfred Pickles School in the Midlands, its physiotherapy room and example of speech therapy, the children's play and homelike atmosphere. The Thomas de la Rue Grammar School in Southern England; the Prested Hall Adult Centre near Colchester; Ireton Hall; Hawsworth Hall Centre; Daresbury Hall for adult men; Coombe Farm Centre for adult women; 'Sherrards' Training Centre in Hertfordshire for mixed adults; at the centre industrial training is given and industrial products manufactured on a contract basis; and also the Colwall Court Holiday Centre is shown.

The film goes on to discuss the National Spastics Society Medical Research Programme and the setting up of its own Child Health Unit. Also mentioned are the grants made to independent workers, the publications and case histories. Before closing, the film shows treatment and lessons at Craig-y-Parc School; some future projects ranging from sheltered workshops to a college, and the position is summed up by Wilfred Pickles.

**Audience:** Parents, general public and educational organisations.

**EVERY 8 HOURS**

**16 mm.                      Sound.                      Black and white.                      37 minutes.                      Great Britain 1960**

**Distributor:** National Spastics Society, 12 Park Crescent, London, W.1 (FREE).

**Content:** A prologue to the film draws a visual metaphor between the rôle of the telephone exchange and modern communication and that of the human brain and its messages to extremities. Richard Dimbleby underlines this with an animated diagram showing the damaged sites in the brain causing spastic; athetoid; and ataxic conditions.

There are 40,000 spastics in the United Kingdom and the film gives a short historical account of the developing public interest in them from 1943 through various highlights to the present day. The film then deals briefly with National Spastics Society Centres such as Hawkesworth Hall where thorough assessments are made of a child's capabilities; the Wilfred Pickles School; the Thomas de la Rue Grammar School; and the problems of educating the handicapped are described by the Director of the National Foundation for Educational Research.

Other centres shown are 'Sherrards'; Daresbury Hall; and a typical local centre at Stockport. A description of the National Spastic Society follows and an account of its fundamental Medical Research at Guy's Hospital. Some of the future plans are for (1) more treatment centres, (2) more school clinics, and (3) more research. In a discussion between the Director of the National Spastics Society and the Chairman of its Medical Advisory Committee some factors touching on Cerebral Palsy such as premature birth, genes and chromosomes, rhesus anti-bodies, etc., are brought out. The Director is also seen with Professor Paul Polani.

The summing up to the film is left to Richard Dimbleby.

**Audience:** Parents, general public and educational organisations. It can also be used in connection with lectures to students, physiotherapists, etc.

**A HELPING HAND**

**16 mm.                      Sound.                      Black and white.                      15 minutes.                      Great Britain 1959**

**Distributor:** National Spastics Society, 12 Park Crescent, London, W.1 (FREE).

**Content:** At Inglewood School, Carlisle, a playground full of normal children at play is contrasted with Peter, a spastic boy, who is looking on with his mother. The thoughts of the parent and child when confronted with this scene are emphasised by the child's limited home activities.

A new school for spastics is opened in Westmorland and the mother applies for a place. Her application is considered by the Cumberland and Westmorland Spastics Society's Executive Committee and accepted. Peter then goes to the new school at Earton Hall. We see the layout of the dining-room, the physiotherapy room providing for half-an-hour's treatment per child per day, typical treatment including the use of equipment, speech therapy, the classrooms, and equipment such as sand-trays, painting, plasticine and lettering, followed by a brief look at the children at play and going to bed. The rôle of the group parent is emphasised throughout.

**Audience:** General public, parents and educational organisations.

#### **JESSY**

16/35 mm.      Sound.      Black and white.      31 minutes.      Great Britain 1959

**Distributor:** Renown Pictures, Ltd, 54 Wardour Street, London, W.1 (HIRE).

**Content:** Jessy is a child with cerebral palsy from an industrial town who goes to the Country Craig-y-Park school, where others like her learn to take care of themselves and regard pity with disdain. The small boy next door accepts his new neighbour for herself despite her condition, and with him she loses her sense of inferiority. Not so with the street gang. To a background of scuffling urchins, the helplessness of a little girl in a wheelchair and irons is pinpointed; but only to those who want to see it that way. Denied acceptance by the gang, for her inability to hold even a puppy, the spastic child bravely answers the cry of a deserted baby when big sister has gone off to fight with the rest.

**Audience:** General public, parents and educational organisations.

#### **TOWARDS A BRIGHTER HORIZON**

16 mm.      Silent.      Colour.      15 minutes.      Great Britain 1955

**Medical Adviser:** Mr. G. A. Pollock, F.R.C.S.

**Distributor:** Scottish Central Film Library, 16-17 Woodside Terrace, Glasgow, C.3 (HIRE).

**Content:** A demonstration of the methods adopted at Westerlea School for the training of spastics and to show how equipment has been improvised to deal with individual cases. It also discusses the later general education of the children.

**Appraisal:** A good record of the occupational therapy apparatus and ideas used at the Westerlea School. It suffers a little in the quality of its titles, but its presentation and sequences are first rate for a non-professional film.

**Audience:** Parents, general public and educational organisations.

#### **THE TREFOIL SCHOOL (Undaunted)**

16 mm.      Sound.      Black and white.      17 minutes.      Great Britain 1949

**Distributor:** Central Film Library, Bromyard Avenue, London, W.3 (UK 1325.) (HIRE).

**Content:** At this boarding school, the motto of which is 'Undaunted', the children are helped to overcome their disabilities and to regain their independence and self-respect. We see the daily lessons, routine, recreations and special activities that help them achieve this.

**Appraisal:** This seems to be a flatly presented account of the school which does not bring out the best of it.

**Audience:** Parents, general public and educational organisations.

## **International Society for Rehabilitation of the Disabled.**

### **International Rehabilitation Film Library**

THE following list of films is taken from *Films World Wide* published by the International Rehabilitation Film Library. The catalogue contains over 160 titles, 14 of which are on cerebral palsy subjects.

The film library was established by the International Society for Rehabilitation of the Disabled several years ago, with a threefold purpose: (1) to provide films on a loan basis for use throughout the world; (2) to increase the use of this valuable medium; and (3) to help improve the quality and effectiveness of the films that are being produced to portray services for the handicapped.

Requests for these films should ordinarily be submitted to the national secretaries of the International Society for Rehabilitation of the Disabled, which in Great Britain would be that of the Central Council for the Care of Cripples, 34 Eccleston Square, London, S.W.1. When time does not permit this procedure, a direct request may be sent to I.S.R.D. headquarters, 701, First Avenue, New York, 17, N.Y., U.S.A. Loans are requested 3 months in advance and the period of loan is normally 3 months. The rental, if any, will be determined by the National Secretary and may vary from country to country.

#### **CARLSON HOUSE—A DAY SCHOOL FOR SPASTICS**

16 mm.                      Silent.                      Colour.                      45 minutes.                      Great Britain 1954

This film illustrates developments at the school since 1950 and includes procedure for selection of children, activities in the Nursery Unit and scenes in school and treatment rooms.

#### **CEREBRAL PALSY—A MAJOR WORK PROJECT**

16 mm.                      Sound.                      Colour.                      30 minutes.                      U.S.A. 1957

The film concerns the State of California and how, through the efforts of Elks International's Major Work Project, Inc., it has established a series of mobile work units in many cities that enable a therapist to visit the homes of children with cerebral palsy.

The film also shows the practical value of these mobile units and how children with cerebral palsy can be enrolled for treatment in them. All types of cerebral palsy are shown being treated, and the film demonstrates how the parents of the children concerned are encouraged to continue the treatment in the absence of the therapist.

**CEREBRAL PALSY—METHODS OF AMBULATION**

16 mm.      Sound.      Colour.      17 minutes.      U.S.A. 1951

The training and treatment programme at the Lenox Hill Pre-School Cerebral Palsy Clinic, emphasising techniques in walking for cerebral palsied pre-school children.

**A DAY IN THE LIFE OF A CEREBRAL PALSIED CHILD**

16 mm.      Sound.      Colour.      30 minutes.      U.S.A. 1948

Complete 24-hour training and treatment programme in the rehabilitation of cerebral palsied children. (See p. 23).

**DEADLINE: 53 MINUTES**

16 mm.      Sound.      Black and white.      30 minutes.      U.S.A. 1958

Produced for educational purposes by the United Cerebral Palsy Associations, Inc. In the film the use of a puppet dramatises the total effects of cerebral palsy, although the film is not of an animated cartoon nature. Rather, it stresses the fact that cerebral palsy strikes in the United States every 53 minutes. The picture also covers the full range of U.C.P.'s programme treatment, pre-school activities, special and public education, job placement and research.

**A PLACE IN THE SUN**

16 mm.      Sound.      Colour.      25 minutes.      U.S.A. 1950

This film shows a programme for cerebral palsied children in California. It depicts special examinations done in cerebral palsy clinics to evaluate the child with cerebral palsy. Shows various aspects of programme in residence school including physical, occupational and speech therapy as well as an educational programme. It also indicates how the programme can be continued in the child's own community. (See p. 26).

**REHABILITATION OF A CEREBRAL PALSIED CHILD**

16 mm.      Silent.      Colour.      35 minutes.      U.S.A.

The programmes of the treatment centre for cerebral palsied children at St. John's Crippled Children's School and Hospital, in Springfield, Illinois.

**SEARCH**

16 mm.      Sound.      Black and white.      26 minutes.      U.S.A.

An attitude film intended primarily as an aid to help create an understanding on the part of the lay public of the problems faced by the cerebral palsied.

**SPECIAL EQUIPMENT**

16 mm.      Sound.      Colour.      18 minutes.      Great Britain 1957

The film was made to help teachers of severely handicapped children. The children taking part in the film are of average intelligence but are affected by cerebral palsy. The film demonstrates the various means found at the Carlson House School to give the cerebral palsied child, with little or no speech and severely affected hands, a self-expression otherwise denied to him. It is truly an inspiring and informative film and is highly recommended for all those who are concerned with the education of handicapped children. (See p. 27).

**TECHNICAL AIDS**

16 mm.      Sound.      Black and white.      16 minutes.      Sweden 1957

The film shows different technical aids in the care of cerebral palsied children.



**THESE ARE OUR CHILDREN**

16 mm. Sound. Colour. 18 minutes. U.S.A. 1954

A school with special classes for the cerebral palsied, which teaches the children to take care of themselves, to help each other and become self-sufficient, productive citizens.

**THREE TO MAKE READY**

16 mm. Sound. Colour. 44 minutes. U.S.A. 1954

A dramatic portrayal of the rehabilitation of a handicapped man, a woman, and a child . . . an industrial accident case, a brain damage case (cerebral palsy) and a youngster suffering from paraplegia.

**TREATMENT OF CEREBRAL PALSY IN NEW ZEALAND**

16 mm. Sound. Black and white. 60 minutes. New Zealand 1955

Diagnostic services, physical therapy, occupational therapy, speech training, recreation and all activities of daily living where cerebral palsied children are provided with board and lodging for longer periods. Also shows travelling physiotherapist giving treatments at home. (See p. 27).

**WORK WITH CEREBRAL PALSIED CHILDREN**

16 mm. Sound. Colour. 10 minutes. Denmark 1954

Portrays treatment, after-care and education of the cerebral palsied in the Orthopaedic Hospital and Home for Spastic Children in Copenhagen.

## Index of Films

	Page
Amyotonia Congenita .. .. .	17
Anoxic Brain Injury in Two Children (Sequelae of Anoxia) .. .. .	15
Athetoid Boy Dressing, An .. .. .	17
Atonic Diplegia in a Girl aged 3 years .. .. .	18
Carlson House—A Day School for Spastics .. .. .	22
Case of Athetoid Infantile Cerebral Palsy with Quick Movements in a Boy aged 4 years .. .. .	18
Case of Cerebellar Ataxia .. .. .	18
Case of Hyptonia and Purposeless Movement in a Mentally-Defective Girl aged 5 years .. .. .	18
Case of Kernicterus Chorea .. .. .	18
Case of Sturge-Weber Syndrome .. .. .	19
Cerebral Cortex of the Monkey .. .. .	13
Cerebral Palsy—A Major Work Project .. .. .	30
Cerebral Palsy—Methods of Ambulation .. .. .	31
Cerebral Palsy in Schoolchildren .. .. .	23
Chance of Their Lives .. .. .	27
Children at Carlson House .. .. .	23
Claremont .. .. .	23
Congenital Hemiplegia with Athetosis of the Upper Limb .. .. .	19
Day in the Life of a Cerebral Palsied Child .. .. .	23
Deadline: 53 Minutes .. .. .	31
Development of Locomotion .. .. .	13
Development of Manipulation .. .. .	13
Development of Motor Movement in Infants during Feeding .. .. .	14
Developmental Surprises .. .. .	19
Diagnosis in the First Eight Weeks of Unusual Development .. .. .	19
Door to Freedom .. .. .	28
Dystonia Musculorum .. .. .	20
Early Diagnosis in Cerebral Palsy .. .. .	16
Early Recognition of Cerebral Palsy .. .. .	16
Electromyography of Postural Muscles .. .. .	14
Embryology of Human Behaviour .. .. .	14
Every 8 Hours .. .. .	28
First Steps .. .. .	24
Gait .. .. .	20
Hearing Tests in Cerebral Palsied Children .. .. .	24
Helping Hand, A .. .. .	28
Hereditary Ataxia .. .. .	20
Infantile Cerebellar Disorder in a Boy aged Four .. .. .	21
Jessy .. .. .	29
Link, The .. .. .	24
Marlborough House .. .. .	24
Mentally Handicapped Children Growing Up: The Brooklands Experiment .. .. .	25
Movement—Significance of the Activity of the Normal Infant .. .. .	15
New School, The .. .. .	25
N.F.E.R. Cerebral Palsy Research: Progress Study of Six Children .. .. .	16
Orthopaedic Gait .. .. .	21
Pattern Movements in the Treatment of Cerebral Palsy .. .. .	25
Physical Diagnosis: Disorders of Motility .. .. .	21
Place in the Sun .. .. .	26
Records of Movements in Spastic and Athetoid Cerebral Palsy .. .. .	17
Rehabilitation of a Cerebral Palsied Child .. .. .	31
Rehabilitation of Spastics, The .. .. .	26

Rheumatic Chorea .. .. .	21
Search .. .. .	31
Soma in Cerebral Palsy .. .. .	26
Some Aspects of the Role of Mental Function in Physical Activity .. .. .	22
Special Equipment .. .. .	27
Structure and Capabilities of a Human Mid-Brain Animal .. .. .	15
Sturge-Weber Syndrome: Before and After Hemispherectomy .. .. .	17
Technical Aids .. .. .	31
These Are Our Children .. .. .	32
Three to Make Ready .. .. .	32
Towards a Brighter Horizon .. .. .	29
Treatment of Athetoid Quadraplegia, The .. .. .	27
Treatment of Cerebral Palsy in New Zealand .. .. .	27
Trefoil School (Undaunted) .. .. .	29
Work with Cerebral Palsied Children .. .. .	32

TREATMENT OF CEREBRAL PALSY IN NEW ZEALAND	
1. Introduction	21
2. Objectives of the Study	22
3. Methods	23
4. Results	24
5. Discussion	25
6. Conclusions	26
7. Acknowledgements	27
8. References	28
9. Appendix	29
10. Summary	30
11. Bibliography	31
12. Glossary	32
13. Index	33
14. Plates	34
15. Figures	35
16. Tables	36
17. Notes	37
18. References	38
19. Appendix	39
20. Summary	40
21. Bibliography	41
22. Glossary	42
23. Index	43
24. Plates	44
25. Figures	45
26. Tables	46
27. Notes	47
28. References	48
29. Appendix	49
30. Summary	50
31. Bibliography	51
32. Glossary	52
33. Index	53
34. Plates	54
35. Figures	55
36. Tables	56
37. Notes	57
38. References	58
39. Appendix	59
40. Summary	60
41. Bibliography	61
42. Glossary	62
43. Index	63
44. Plates	64
45. Figures	65
46. Tables	66
47. Notes	67
48. References	68
49. Appendix	69
50. Summary	70
51. Bibliography	71
52. Glossary	72
53. Index	73
54. Plates	74
55. Figures	75
56. Tables	76
57. Notes	77
58. References	78
59. Appendix	79
60. Summary	80
61. Bibliography	81
62. Glossary	82
63. Index	83
64. Plates	84
65. Figures	85
66. Tables	86
67. Notes	87
68. References	88
69. Appendix	89
70. Summary	90
71. Bibliography	91
72. Glossary	92
73. Index	93
74. Plates	94
75. Figures	95
76. Tables	96
77. Notes	97
78. References	98
79. Appendix	99
80. Summary	100



21  
31  
26  
22  
27  
15  
17  
31  
12  
12  
29  
27  
27  
29  
12